

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560,103

FILING DATE

12-9-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1 -				
3		1 -				
4		1 -				
5		4 -				
6		① -				
7		1 -				
8		① -				
9		1 -				
10	1					
11	1					
12	1					
13		1 -				
14		① -				
15		1 -				
16		1 -				
17	1					
18	1					
19		1 -				
20		1 -				
21	1					
22		1 -				
23		6				
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
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32	1					
33	1					
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46						
47						
48						
49						
50						
TOTAL IND.	17	↓		↓		↓
TOTAL DEP.	24	←		←		←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						